PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2882

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of management are set will be mailed to the current correspondence address as mich be indicated unless corrected below of effected observise in Block 1, by (a) specifying a new correspondence address, and for (b) indicating a separate "FEE ADDRESS" for The ADDRESS f

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CURRENT CORRESPOND	ENCE ADDRESS (Note: Use BI	ock 1 for any change of address)	No Fee par	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
25885 7590 01/14/2008							
ELI LILLY &	COMPANY		1 %	Certificate of Malling or Transmission			
PATENT DIVISION				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facismile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
P.O. BOX 6288				transmitted to the USPTO (571) 273-2885, on the date indicated below.			
INDIANAPOLIS, IN 46206-6288				(Depositor's name)			
						(Signature)	
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APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.		
10/521,896	01/18/2005		Robert Dean Daily		X-15711	8851	
TITLE OF INVENTION: SELECTIVE ESTROGEN RECEPTOR MODULATORS CONTAINING A PHENYLSULFONYL GROUP							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1440	\$300	\$0	\$1740	04/14/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
SOLOLA, TAOFIQ A 1625			546-206000				
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 			2. For printing on the patent front page, list (1) the name of the last and the la				
	ondence address (or Cha	inge of Correspondence	or agents OR, alternatively,				
	ondence address (or Cha B/122) attached.		(2) the name of a single firm (having as a member a 2				
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ty	rpe)			
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
Eli Lilly and Company Indianapolis, Indiana							
Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🛎 Corporation or other private group entity 🚨 Government							
4a. The following fee(s)	are submitted:	4	Payment of Fee(s): (Please first reapply any previously paid Issue fee shown above)				
A Issue Fee			A check is enclosed.				
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Advance Order -	# of Copies		overpayment, to Dep	y authorized to char osit Account Numbe	ge the required fee(s), any di r 05-0840 (enclose a	eficiency, or credit any in extra copy of this form).	
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an application. Confider submitting the complete this form and/or suggest Box 1450, Alexandria,	ntiality is governed by 35 d application form to the tions for reducing this bu Virginia 22313-1450. DO	U.S.C. 22 and 37 CFR USPTO. Time will vary rden, should be sent to the NOT SEND FEES OR	1.14. This collection is es depending upon the indi the Chief Information Offic COMPLETED FORMS T	stimated to take 12 n vidual case. Any cor cer, U.S. Patent and 'O' THIS ADDRESS	initiates to complete, includi mments on the amount of ti Trademark Office, U.S. Dep SEND TO: Commissioner	ng gathering, preparing, and me you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,	
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